



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284



APPLICATION FEE
NON-REFUNDABLE

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

Business Check, Money Order or Cashiers Check ONLY

APPLICATION FOR EMPLOYEE'S OFF PREMISE PERMIT

PERMIT NO. _____

DATE ISSUED _____

COST OF PERMIT

5 YR. - \$20.00

Date: _____, 20 _____

Name of Applicant Phone _____

Home Street Address _____ City _____ State _____ Zip _____

Race _____ Sex _____ Date of Birth _____ City/State of Birth _____

Drivers License # _____ State Issued _____ Social Security # _____

Email Address: _____ County _____

Retail _____ Wholesale _____

Each Question Must Be Fully Answered

1. Are you a United States Citizen: Yes _____ No _____ All applicants must complete form **AB-0116-Declaration of Citizenship**
2. Have you been convicted of any felony in the past four years? _____
Have you been convicted of any crime relating to alcoholic beverages and beer, the sale of alcoholic beverages or beer, schedules 1 and 2 controlled substances, controlled substance analogues or any sex related crime or embezzlement within the previous eight years? _____
Are you currently in, or have you completed Judicial Diversion for any of the convictions above? _____
Please furnish court disposition papers if you answer "Yes" to any of the questions above.
3. Have you ever submitted an application for an Alcohol Dealer Registration (TTB F 5630.5d) to the TTB? _____
4. Is the owner of the store in which you will be employed related to you by blood, marriage or otherwise? _____
What relation? _____
5. State your interest (financial, stock ownership, loans, gifts, guarantor of loans, or otherwise) in the above named business.

6. Give name, address and type of business of last three places you have been employed:

8. Give the name and address of each place you are currently employed or intending to be employed:

9. Do you have any relatives employed by the Tennessee Alcoholic Beverage Commission? _____

10. List all names you have used, including maiden name, nicknames or any other names by which you have been known.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" *

Application authorized by _____
Print Name, Applicant

Signature, Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

Notary Public

Notary Seal

For TABC Validation ONLY

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.